

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 267 Primary Registration District No. 5900022065 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Essex</u>		c. CITY OR TOWN <u>Essex</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>4 mi East</u>	
3. NAME OF DECEASED (Type or print) First <u>ANDREW</u> Middle <u>G</u> Last <u>GHOLSOS</u>		4. DATE OF DEATH Month <u>6</u> Day <u>3</u> Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>2</u> <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (City and state or country) <u>Tallahatchee Co, Miss</u>	
13. FATHER'S NAME <u>Andrew Gholsos Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give dates of service) <u>World War I</u>		17. INFORMANT Address <u>Palett Thomas Gholser, MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Epidermoid Carcinoma of oral cavity</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>144X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>undeter</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3/1/57</u> to <u>6/3/57</u> and last saw him alive on <u>6/3/57</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>For Coroner</u> (Degree or title)		22b. ADDRESS <u>Cambesville, MO</u>	
22c. DATE SIGNED <u>6/5/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gholser</u>	23d. LOCATION (City, town, or county) <u>Gholser</u> (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>J. Smith</u> ADDRESS <u>Hayti - MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-6-57</u>	
		26. REGISTRAR'S SIGNATURE <u>John W. German</u>	

(Licensed Embalmer's Statement on Reverse Side)

6-17-57

JUN 21 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 25 1957

JUL 24 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by .....; Student Embalmer No. ....  
working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address Tillamook

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.